U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AUG 1 1 2005 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E	
1. File Number U -	2. Fiscal Year Covered From:
	61 61 204 Through: [2 31 2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name MARLIN BI MCC URDY	Name INT. Bistherhood of Bulermakers
	Labor Organization File Number 242 COCSYO
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 6815 N. OKFORO LN	Street 6404 N Pittsburg
city SPOKane	city Spokane
State Wa ZIP Code + 4 99208	State WA ZIP Code + 4 99217-75
5. Position in labor organization.  Bus - Mgn Sec - TREAS,	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name WESTERN STATES Joint ATRENTICE Ship COMM	ATTENDED WS JAC Banquet for Competitio. AWARDS for graduate Apprentice
Trade Name, if any: WS JAC.	Spukane, 112; July, 15, 2004
P.O. Box, Bldg., Room No., If any   P.O., 3,-1,4 1460	7.b. Amount
Street 119 West Main STREET	
city East Helena,	48.00
State Montana ZIP Code + 4 59635	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

501-328-1299

Telephone Number